Independent observer of the Global Fund

Global Fund Observer

NEWSLETTER

Issue 272: 07 October 2015

GFO is an independent newsletter about the Global Fund.

GFO Live >> | Aidspan Website >> | Contact GFO >>

CONTENTS OF THIS ISSUE:

5. NEWS: OIG investigation uncovers evidence of fraud and other irregularities in an HIV grant to Egypt

> The Office of the Inspector General found evidence of fraudulent practices and other procurement irregularities on the part of the principal recipient for an HIV grant to Egypt, which compromised contracts worth $668,877.

6. NEWS: OIG audit of grants to Pakistan reveals weaknesses in implementation arrangements, and financial and procurement management

> An audit conducted in 2015 by the Office of the Inspector General of grants to Pakistan found that internal controls over programmatic activities were generally effective, but that there are considerable weaknesses in implementation arrangements, financial management, and procurement and supply chain management.

7. NEWS: For transitions to be successful, governments have to be ready to take over programs previously supported by the Global Fund, EECA dialogue concludes

> Transitioning away from Global Fund support is as much about ensuring that national systems are ready to assume responsibility for the programs the Fund used to support as it is about money. This was one of the conclusions of a dialogue on transitioning in Eastern Europe and Central Asia.

8. NEWS: New regional grant has sights set on malaria elimination in Southern Africa

> The regional program Elimination 8 is aiming for full malaria elimination in eight Southern African countries, starting with elimination in four "frontline" countries by 2020.

9. ANNOUNCEMENT: Nominations sought for Global Fund Board member to represent the Developed Country NGO Delegation

> The Developed Country NGO Delegation is seeking nominations for its representative on the Global Fund Board.

ARTICLES:

1. NEWS: Global Fund may reduce funding to Nigeria because some recoverable amounts have not yet been repaid

The 2014-2017 allocation may be cut by more than $5 million

CCM appeals to the government for assistance in repaying the amounts owing

Tunde Akpeji *1 October 2015*

The Global Fund may reduce funding for Nigeria's HIV and TB grants by more than $5 million because it is having difficulty recovering outstanding amounts owing following an audit and an investigation conducted by the Office of the Inspector General in 2011.

Over $3 million in recoverable amounts have not been refunded despite several efforts in line with the recommendation by the Global Fund's Recoveries Committee. Nigeria's country coordinating mechanism has said in the past that it has difficulties recovering the funds because many of the individuals responsible for the questionable expenses are no longer in service. It has appealed to the government for help.

The recoverable amounts relate to inappropriate expenditure by four principal recipients – the Yakubu Gowon Centre, the National Agency for the Control of AIDS, the Christian Health Association of Nigeria, and the Civil Society Consultative Group on HIV/AIDS in Nigeria (CiSHAN). Some of the expenditures attributable to CiSHAN occurred when that organization was serving as a sub-recipient.

GFO has obtained a copy of a letter dated 23 September 2015 from Mark Edington, Head of the Global Fund's Grant Management Division to Dr Dauda Suleiman Dauda, Acting Chair of the CCM. Mr Edington wrote that "should the recoverable amounts not be refunded by the date of the Grant Approval Committee's second meeting regarding Nigeria's HIV and TB grants, Nigeria's allocation from the Global Fund would be reduced by an amount equal to double the amounts outstanding."

The second GAC meeting is scheduled to takes place on 2 October. In his letter, Mr Edington said that "I would therefore request your urgent assistance in facilitating the recovery of any outstanding amounts ... to minimize any potential reductions to be made to Nigeria's allocation."

In January 2015, The Global Fund's Management Executive Committee adopted a policy for all recoveries that said that as a last resort, if all recovery efforts fail, the Fund will reduce the allocation to the country concerned by a factor of 2:1 (**see GFO article**).

The 23 September letter provided a list of the recoverable amounts and the potential reductions in allocations (see table).

Table: Recoveries owing for Nigeria as of 23 September 2015 and potential reductions in allocations ($US)

Agency	Original potential recoveries	Net amount following Recovery Committee adjustments (for amounts already recovered or later found to be eligible)	Reductions to be made from Nigeria allocation should repayment not be received by 2 October 2015
CHAN	2,501,846	1,216,950	1,775,866
NACA	763,087	444,627	889,234
CiSHAN	467,017	443,725	720,050
YGC	4.596,740	943,322	1,886,644
Total	8,328,690	3,048,624	5,271,796

Note: The reductions are not twice the net amounts recoverable in all instances because the Global Fund still has a working relationship with CiSHAN and the SRs of CHAN, for which further recovery efforts will be attempted.

When the Global Fund informed Nigeria of its 2014-2017 allocation on 12 March 2014, it indicated that access to the allocation may be conditional upon the Global Fund's satisfaction with actions towards repayment of outstanding recoveries.

In his letter of 23 September to the CCM, Mr Edington said, "Please know that the Global Fund's goal in this decision is to better serve Nigeria through the continuation of funding for crucial activities to combat AIDS, TB and malaria. If any reduction is necessary, it will be made reluctantly."

NACA and CHAN told a CCM meeting in December 2014 that they were having difficulties recovering inappropriately spent funds from indicted individuals. They said recovery from the organizations indicted in the OIG report is possible but the individuals who should make the refunds have since either retired or been transferred.

The CCM said at the time that it foresaw a prolonged process of tracking down such individuals because of legal bottlenecks, and that the cost of recovering funds from them may be high.

Dr Dauda, who admitted no progress has been made towards getting back the outstanding amounts, disclosed that the CCM is relying on the Government of Nigeria to help it recover the amounts. "I cannot say how possible it (recovery of funds) is. It is not something really within our powers. That is why we are following up with the president," Dr Dauda told GFO.

Nigeria received the largest allocation of any country under the NFM – $1.1 billion, of which 477 million was for HIV.

Copies of the 23 September 2015 and 12 March 2014 letters to the CCM are on file with GFO.

Update: 6 October 2015 – The Nigeria CCM failed to meet the 2 October deadline (no assistance was obtained from the government), so the Global Fund Secretariat is expected to proceed with the reductions to the allocations. This is the first time that the Fund has had to resort to applying the 2:1 formula for using reductions in the allocations to recover amounts owing.

TOP

---

2. COMMENTARY: What changes are being considered for the allocations methodology for 2017-2019?

So far, no information has been made public concerning the options under study

David Garmaise *6 October 2015*

The Global Fund should be more open about what options are being considered for the allocations methodology for the next period, 2017-2019.

By March 2016, the allocations methodology for 2017-2019 will have been adopted by the Board. That's six months from now. It doesn't look like there will be much public discussion of the methodology before it is approved.

Both the Global Fund Secretariat and the Technical Review Panel have listed lessons learned from the application of the methodology for 2014-2016 and have suggested that some adjustments be made for 2017-2019. The Secretariat said that the methodology did not sufficiently take into account the needs and gaps in the response to the diseases, leaving some countries with insufficient funds. The Secretariat also said that the adjustments for minimum required level made it difficult to shift allocations between countries; that having a separate methodology for Band 4 countries led to inconsistencies in allocations within regions; and that there was a lack of flexibility to shift funds between bands.

The TRP raised some of the same issues. It also questioned the value of the incentive funding stream and the practice of allowing applicants to make an "above-allocation" request. In addition, the TRP said that the methodology did not always result in funds being invested where they would have the most impact.

Concerns about the allocations methodology used for 2014-2016 were also raised by governments, technical partners, academic bodies, international and national civil society organizations, participants in the three partnership forums and the online partnership forum organized by the Fund, and other observers of the Global Fund, including Aidspan.

So, what changes are being considered for the next allocations period? We don't know because no information has been released publicly.

A "framework for the allocation methodology" has been submitted to members of the Strategy, Investment and Impact Committee for discussion at its meeting of 5-7 October. This is a high-level document with few details. Papers prepared for the SIIC meetings are not made public.

The framework is scheduled to be discussed again at the 16-17 November meeting of the Board. Papers prepared for Board meeting are made public at the end of the Board meeting if they contain a proposed decision and the Board adopts the decision. As far as we know, no decisions will be taken at that meeting.

Then, at its meeting in February 2016, the SIIC is scheduled to draft the allocations methodology itself which it will recommend that the Board approve in March 2016. This is where the real discussion will happen on the various options.

If the Global Fund has any plans to consult beyond the SIIC and the Board delegations about the options for the allocations methodology, we are not aware of them. It appears that any such consultations would have to take place between the end of the Board meeting on 17 November and the SIIC meeting in February 2016 – a period which includes the end-of-year holiday season break.

There are individuals and organizations beyond the SIIC and the Board delegations who are interested in the options being explored, including many who are interested in the intricacies of any allocations formulas that that may be developed. If these individuals and organizations can't have input into what is being decided, they should at least know what is being considered so that they can debate the issues. Who knows? They might even come up with a few suggestions that the SIIC and the Board might want to consider.

What do **you** think? Has the Global Fund consulted and communicated sufficiently widely on its plans for the next allocations methodology? Let us know. We'll consider printing a summary of the comments we receive in the next issue of GFO.

TOP

---

3. ANALYSIS: Financing the Global Goals: Why the Global Fund replenishment matters for the SDGs

Gemma Oberth *2 October 2015*

Now that member-states have adopted the 2030 Agenda for Sustainable Development, the global community is turning to how the **seventeen goals** can be achieved. The ambitious targets – 169 of them in total – were set through what some have called the most inclusive consultative process in the history of the United Nations. The same collective effort will no doubt be needed to translate global dialogue into local impact.

The Sustainable Development Goals (SDGs) – or Global Goals – were officially adopted at the UN's Sustainable Development Summit in New York from 25-27 September 2015. The Global Goals have a 15-year lifespan from 2015-2030, replacing the previous Millennium Development Goals (MDGs) of the 2000-2015 era. The MDGs had three goals dedicated to health, with one specifically for combating HIV/AIDS, malaria, and other diseases (**MDG 6**). As the MDGs expire this year, **UNAIDS** and **WHO** have declared that the targets for both AIDS and malaria have been achieved.

Against the backdrop of these successes, there are no longer specific goals for HIV, malaria or other diseases in the SDGs. Instead, there is one goal for good health and well-being (SDG 3) which includes nine sub-targets. One of these sub-targets (3.3) is to end the AIDS, TB and malaria epidemics by 2030.

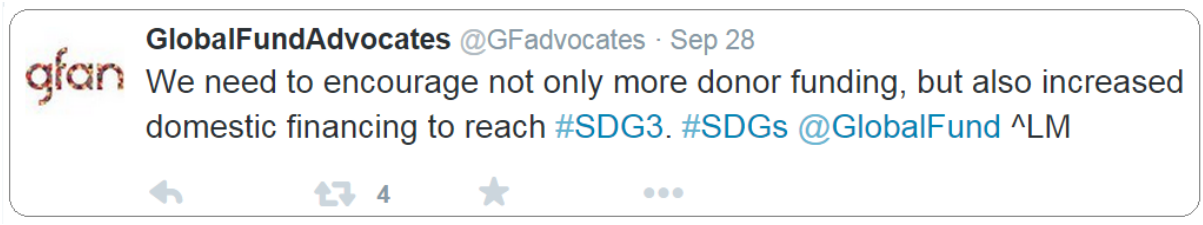
This is a lofty goal, as well as an expensive one. In total, the **UN working group** on financing for sustainable development estimates the SDGs will cost $17 trillion, though **others** calculate resources needs of up to $45 trillion ($2-3 trillion annually). While an **SDG fund** has been established, there are large gaps between available funding and the levels of investment required to achieve the targets. For example, the estimated price tag for achieving the target of ending AIDS by 2030 is $36 billion a year, almost twice the current funding level of $19 billion. Similarly, global investments in malaria will need to triple by 2030 to reach the SDG elimination target. These gaps lead **some** to surmise that targets for

getting to zero may not be cost-effective or affordable investments in most of the poorer countries where the three diseases are prevalent.

Towards filling these funding gaps for SDG 3.3, the Global Fund's **upcoming replenishment** is a crucial linchpin. Indeed, **some say** that the most important aspect of the health-related MDG-to-SDG transition will be the reactions of major donors. A coalition of civil society organizations is **calling for** a higher Global Fund replenishment aim than the $15 billion for 2014-2016.

Even if the replenishment target increases, many are still left wondering where the money will come from. To answer such questions, the Global Fund Advocates Network (GFAN) hosted a **Twitter conversation** **o**n 28 September 2015, where Maurine Murenga (Communities Delegation on the Global Fund Board) and Linda Mafu (Head of Political and Civil Society Advocacy at the Global Fund) discussed how strong financial commitments to health and the Global Fund are needed to reach SDG targets.

Mafu emphasized that increasing domestic funding would be a key strategy for the fifth Global Fund replenishment and a vital part of financing the Global Goals. The Global Fund **has indicated** that priority countries for increased domestic financing include: Côte d'Ivoire, Ethiopia, Kenya, Nigeria, Pakistan, Senegal, and Tanzania.



Some participants asked what role the Global Fund has in promoting domestic financing for health. Mafu and Murenga indicated the Global Fund builds economic cases, has strict rules on counterpart financing and promotes the involvement of civil society in budgeting. Mafu also noted that the Global Fund works directly with governments on this issue:

The replenishment also has important implications for SDG targets on achieving universal health coverage (UHC) (target 3.8) and gender equality (SDG 5). During the Twitter conversation, Mafu and Murenga assured participants that the Global Fund replenishment matters for these targets, too.

Following the high-level side event at the UN Sustainable Development Summit, the Global Fund's replenishment and its link to the SDGs will kick into high gear in December in Tokyo. The Fund will be hosting a high level conference on UHC on the 16th, followed by a Preparatory Meeting for the Fifth Replenishment on the 17th.

While having enough money is important, it is also not the entire picture of what sustainability means in the fight against the three diseases. In **an article** published in the Lancet's Global Health Blog, Suzanne Ehlers (CEO of Population Action International) and Rosemary Mburu (Executive Director of World AIDS Campaign International) say that the SDGs are a unique opportunity to closely examine what works and what doesn't.

Similarly, in **a piece** published in the New England Journal of Medicine, Christopher Murray suggests that the new SDG health targets are largely inconsistent with the rapid epidemiologic transition that is under way in many middle-income countries. This likely means reflecting carefully about what the new targets will mean in different contexts with different disease profiles – looking beyond the financial considerations of the SDGs.

TOP

4. NEWS: WHO calls for treatment for all people living with HIV

Implementing the recommendation will require dramatically increased financial support from donors and governments

David Garmaise *1 October 2015*

The World Health Organization has **revised its HIV guidelines** to recommend that anyone who tests positive for the virus should be treated immediately.

The WHO had previously said doctors should wait to treat some people with HIV until their immune systems suggested they were getting sick. The WHO said the new recommendations are based on recent trials that have found early treatment "keeps people with HIV alive, healthier and reduces the risk of transmitting the virus."

The **Associated Press** reported that the new guidance means that all 37 million people with HIV globally should be offered immediate treatment, "a prospect that may be unrealistic in poor countries, where many patients are still unable to get medicines." Last year, only about 15 million people with HIV were being treated.

Experts welcomed the new guidelines but warned that fulfilling them would require a substantial cash injection and an overhaul of current strategies. One expert said that HIV treatment would have to move out of clinics and into the communities where people live.

The WHO and UNAIDS estimated that implementing the new guidelines could avert 21 million AIDS deaths and prevent 28 million new infections by 2030.

Global Fund executive director Mark Dybul told the **BBC** that "the recommendations are critically important to moving us towards the fast-track treatment and prevention goals. We must embrace the ambition if we are going to end HIV as a public health threat."

Médecins Sans Frontières told **Reuters** that the WHO's "treat-all" plan will prevent many HIV-positive people in poorer countries from falling through the treatment net. MSF said its experience showed that a third of people who were diagnosed with HIV, but not eligible to start treatment, never returned to the clinic. MSF warned, however, making the new recommendation a reality would require dramatically increased financial support from donors and governments.

*See also the **GFO article** on the Vancouver Consensus statement.*

TOP

5. NEWS: OIG investigation uncovers evidence of fraud and other irregularities in an HIV grant to Egypt

The OIG identified non-compliant expenditures of $668,877

David Garmaise *2 October 2015*

An investigation by the Office of the Inspector General into an HIV grant to Egypt has found evidence of fraudulent practices and other procurement irregularities on the part of the principal recipient, the National AIDS Program, which compromised contracts worth $668,877.

The OIG labeled this figure as a non-compliant expenditure, which means that in its view the Global Fund ought to seek to recover the amount. The Secretariat's Recoveries Committee will make the final decision concerning what should be recovered.

A **report** on the investigation was released on 24 September.

The grant (EGY-608-G03-H) focuses on prevention activities for most-at-risk populations and treatment, care, and support for people living with HIV. The total commitment under the grant is $9.7 million, of which $9.2 million had been disbursed at the time of the investigation.

The OIG said there were fraudulent activities involving the purchase of t-shirts. Specifically, the suppliers used by the NAP were untraceable at the addresses shown in their invoices. There were similarities in the quotations of the losing bidders. Five of the six main losing bidders could not be traced. And there were irregularities in the supporting documentation for these transactions, including: evidence that a number of the suppliers were related entities, similarities in handwriting on the invoices from different suppliers, and multiple irregularities in the dates of quotations, invoices, and delivery documentation.

Other irregularities identified by the OIG included the following:

- several hotel invoices submitted by the NAP did not include the names of the individuals staying at or using the hotel facilities;
- numerous invoices for catering expenses and for the purchase of stationery were submitted for the exact same amount, and no explanation was provided for this;
- the main supplier used by the NAP for vehicle rentals was not traceable at the addresses shown in its invoices; and
- the NAP did not carry out an open and competitive bidding process to hire the vehicle rental supplier as required by the Tenders Law of Egypt.

In 2012, a new local fund agent hired by the Global Fund identified a number of irregularities. The Secretariat referred the matter to the OIG for further investigation. The investigation focused on the categories of expenditures highlighted by the LFA's review and covered the entire grant period, April 2008 to March 2013. In all, the OIG reviewed expenditures totaling $866,100, which represented about 15% of the total HIV grant.

During the investigation, or just prior to it, several steps were taken to address the problems, including the following:

- the NAP ceased all program activities except for the provision of antiretrovirals and testing;
- salary payments were limited to critical staff;
- the Global Fund invoked its additional safeguard policy;
- the NAP was required to put in place a functioning financial management system, including developing a comprehensive manual of financial procedures, to be approved by the Fund;
- the NAP replaced its national program manager; and
- Egypt's country coordinating mechanism was reformed.

Concerning the last bullet above, there was no explanation in the report of what the problems were at the CCM.

The Secretariat has agreed to take further actions, including instructing the NAP to adopt a no-cash policy for all expenses more than EGP 2,000 ($261).

TOP

---

6. NEWS: OIG audit of grants to Pakistan reveals weaknesses in implementation arrangements, and financial and procurement management

Internal controls over programmatic activities were assessed as being generally effective

David Garmaise *2 October 2015*

An audit by the Office of the Inspector General of grants to Pakistan concluded that while internal controls over programmatic activities are generally effective, there is considerable room for improvement in implementation arrangements, financial management, and procurement and supply chain management.

The audit was conducted in 2015. A report on the audit was released on 21 September.

With respect to implementation arrangements, Pakistan faces challenges because while programs are implemented at the national level, health care delivery is the sole responsibility of the provinces.

According to the OIG, inadequate financial management controls, weak oversight by the internal audit function, delays in recruiting key positions, and unreconciled cash advances resulted in unsupported expenditures totaling $2.4 million.

The OIG noted instances of non-compliance with procurement policies. Suppliers were not always competitively selected, the contracts signed had no clear implementation plans and

the implementation of the activities under the contracts was not monitored. The OIG said that "non-compliance with the policies on procurement may result in the program not getting value for money for transactions amounting to about $3 million."

The OIG said that stock management and storage conditions at the storage facilities it visited had varying levels of standards for good storage practices, and that controls over the distribution of commodities were inadequate. The OIG warned that this could lead to drug resistance and loss of confidence in the commodities, thus impacting program effectiveness.

The Secretariat has agreed to implement several actions in response to the OIG's findings. For example, the Secretariat will develop a financial control plan for the portfolio, with milestones and timelines. The plan will include measures to strengthen internal financial controls; analysis of the unsupported expenditures; and suggestions for a way forward to deal with the instances of non-compliance identified.

In addition, the Secretariat agreed to review the instances of non-compliance with procurement policies and provide the OIG with an analysis of value-for-money obtained. "Based on the findings of this report and the Secretariat's analysis," the OIG said, "the Secretariat will finalize and pursue, from all entities responsible, an appropriate recoverable amount."

The OIG told GFO that its investigation unit is looking more deeply into the audit findings, in particular the non-compliant expenditures.

TOP

---

7. NEWS: For transitions to be successful, governments have to be ready to take over programs previously supported by the Global Fund, EECA dialogue concludes

Advocacy was high on the agenda of the dialogue

Tinatin Zardiashvili *5 October 2015*

Transitioning away from Global Fund support is about money, of course, but it is much more about the readiness of national systems to take over all services currently covered by the programs financing by the Fund.

This was one of the themes that emerged from the "The Road to Success," a high-level dialogue on successful transition to domestic funding of HIV and TB responses in Eastern Europe and Central Asia. Organized by the Eurasian Harm Reduction Network, the dialogue took place in Tbilisi, Georgia on 28-30 September. The dialogue was a follow-up to a **similar event** in Istanbul in July.

Although the EECA has achieved significant progress towards combating HIV and TB since 2002, the region still has the highest rates in the world of new HIV infections and new cases

of multiple-drug-resistant TB. This explains the emphasis placed on transition planning by organizations like the EHRN.

The aim of the three-day dialogue was to facilitate discussions among civil society organizations, communities, ministries of health and internal affairs, the Global Fund and other international donors concerning the major challenges to transitioning – policy and financial – and to discuss potential solutions. More than 300 delegates from about 30 countries participated.

Participants identified another important ingredient for successful transitioning – the integration of HIV and TB systems into the health systems of countries and, in the process, the transformation of vertical systems into horizontal ones.

In addition, said Gennady Roshchupkin, co-founder and board member of European Coalition on Male Health (ECOM), "it would be very useful to define core elements of the transition and make them standard for each country. This would help people understand what transition is and how it should be implemented and monitored."

One of the three days of the dialogue was devoted to a meeting of CSOs. The topic of advocacy was high on the agenda. Participants agreed on key advocacy messages for discussions with government representatives, focused on liberalizing restrictive drug policies, retaining prevention services for key populations and creating enabling environment for sustaining community-based organizations.

Vitali Rabinciuc, leader of the Union for HIV Prevention and Harm Reduction in Moldova, said that there is a need to move from aggressive street advocacy to constructive advocacy methods, which implies understanding the mentality of government officials and trying to propose balanced and practical solutions.

Participants said that the emphasis should be not only on the human rights of PWID, but also on the negative public health impacts of pushing drug use underground. Participants said it was also important to support efforts targeting youth that are based on the youths' own negative experience of drug use because, quite often, governments representatives misinterpret their advocacy efforts as promoting drug use.

Sergey Votyagov, Executive Director of EHRN, said that the dialogue successfully continued a process started with the EHRN's regional grant. "Harm Reduction Works, Fund It," whereby advocacy around harm reduction is mostly done at a regional level.

Meanwhile, following the Istanbul meeting, the EHRN has developed a **draft concept of the framework for sustainable transition**.

TOP

8. NEWS: New regional grant has sights set on malaria elimination in Southern Africa

Gemma Oberth *5 October 2015*

Elimination 8 (E8) has set the formidable target of full malaria elimination in Botswana, Namibia, South Africa and Swaziland by 2020. Termed the "frontline four", these countries are nearing elimination of the disease after achieving a 75% decline between 2000 and 2012. According to the most recent **World Malaria Report**, incidence is now as low as 0.25-2.13 (per 1000 population) in these four countries.

The E8 is a regional partnership of the following eight countries: Angola, Botswana, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. It is designed to serve as a platform for joint planning, negotiation, and accountability towards a regionally synchronized malaria elimination effort.

The Global Fund approved $17.8 million for the E8 grant in September based on a recommendation from its Grant Approvals Committee (**see GFO article**).

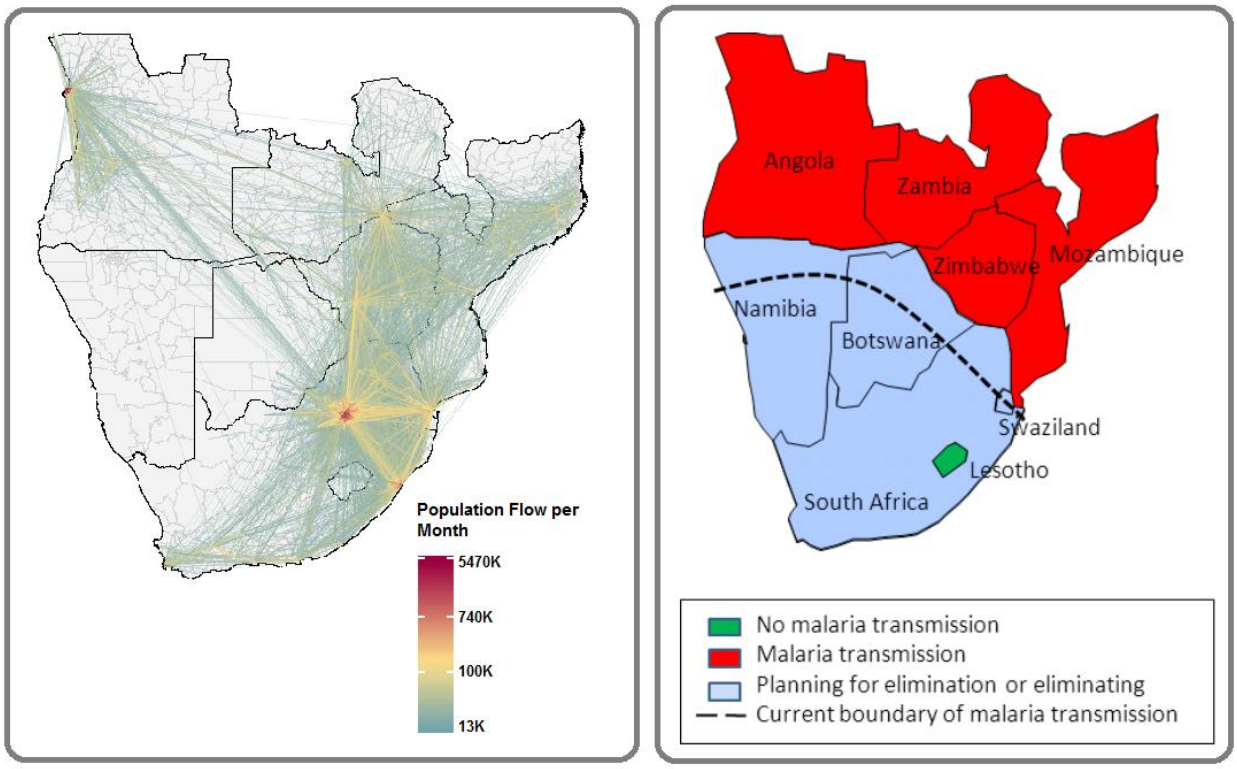
Elimination in the frontline four is expected to pave the way for a subsequent elimination drive in the "second line" countries (Angola, Mozambique, Zambia and Zimbabwe), where incidence of malaria is much higher. Activities delivered through the E8's Global Fund program are anticipated to allow seven districts of southern Zimbabwe to achieve zero local transmission as soon as 2017.

If the E8's elimination targets are achieved, they would go a long way towards kick-starting progress on the **Sustainable Development Goals** (SDGs). One of the sub-targets within the SDG for health includes ending the global malaria epidemic by 2030.

Dr. Richard Kamwi (former Minister of Health and Social Services in Namibia, founding Chairperson of the E8 Ministerial Committee and current E8 Ambassador), told Aidspan that eliminating the local transmission of malaria within the E8 countries is an ambitious but attainable goal. "It is a goal whose success is anchored in meaningful and strategic coordination among the eight countries," Kamwi said. "Together as a region we must join efforts in combatting this disease as a united force."

The main thrust of the E8 regional program is to expand access to early diagnosis and treatment for mobile and underserved populations in the border areas. A regional approach is required because the frontline four will be unlikely to achieve elimination if malaria is not sufficiently controlled in their northern neighbors. In other words, there is a need to reduce the reservoir of infection in the second line countries, since it contributes to the importation of malaria into eliminating areas. This is largely linked to the region's high volume migration patterns (Figure 1). "We are very aware that the increasing level of population movement across porous country borders necessitates a joint approach to fighting malaria," says Dr. Kamwi.

Figure 1: Volume of human migration (left) and malaria transmission in the E8 (right)



Source(s): *Elimination 8 Regional Concept Note (left) and Roll Back Malaria & SADC E8 Overview (right)*

More than a third of the total requested budget is earmarked for setting up malaria posts in border districts to provide improved case management to transient communities. The program also aims to set up a regional surveillance system to develop better intelligence on regional transmission patterns and the extent to which transmission patterns are linked. Outcomes of these activities include the diagnosis of approximately 1.5 million people, and treatment of 34,000 cases.

Ms. Kudzai Makomva, Director of the E8 Secretariat, led the development of the E8 strategic plan and Global Fund concept note. According to Makomva, the Global Fund grant provides an important opportunity for proof of concept of this specific set of border-focused interventions. "Countries have been discussing cross-border collaboration for some time," she said. "Now, with these resources, we will be able to demonstrate how strategies like border surveillance and expanded testing capacity can limit importation and eliminate remaining foci in the frontline countries."

This will be the first Global Fund grant managed by the E8 Secretariat, the program's principal recipient (PR). Established in 2009, the E8 is a relatively new organization and is in the infancy of implementing its strategic plan. Based on this, at the start of the grant disbursements will be conservative and will scale once operational plans have been finalized.

There are several areas of alignment between the E8 program and other Global Fund regional grants. The **TB in Mines** program also seeks to address health challenge associated with the high levels of interconnectedness and cross-border movement in Southern Africa. Coordination between these two regional programs is likely necessary, and may even be an

opportunity for added efficiency gains. For instance, both programs seek to improve tracking and tracing of vulnerable migrant populations, many of which are susceptible to both TB and malaria.

The E8 regional grant is already demonstrating its ability to leverage additional resources from governments, promoting shared responsibility and sustainability. The national malaria control programs of the E8 countries have pledged to contribute an estimated $5.7 million in domestic resources to support regional activities over the three-year grant cycle. Further, Ministers of Health from the Southern African Development Community (SADC) have committed to exploring the establishment of a regional trust fund for malaria and other regional health priorities.

TOP

---

9. ANNOUNCEMENT: Nominations sought for Global Fund Board member to represent the Developed Country NGO Delegation

Aidspan staff *6 October 2015*

The Developed Country NGO Delegation to the Board of the Global Fund is soliciting nominations for the position of Board Member for the period December 2015 to November 2017.

The deadline for applications is 1 November 2015. For further information please contact Beate Ramme-Fülle.

TOP

This is issue #272 of the GLOBAL FUND OBSERVER (GFO) Newsletter. Please send all suggestions for news items, commentaries or any other feedback to the GFO Editor at david.garmaise@aidspan.org. To subscribe to GFO, go to www.aidspan.org.

GFO Newsletter is a free and independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria (www.theglobalfund.org).

Aidspan (www.aidspan.org) is a Kenya-based international NGO that serves as an independent watchdog of the Global Fund, aiming to benefit all countries wishing to obtain and make effective use of Global Fund resources. Aidspan finances its work through grants from foundations and bilateral donors. Aidspan does not accept Global Fund money, perform paid consulting work, or charge for any of its products. The Board and staff of the Fund have no influence on, and bear no responsibility for, the content of GFO or of any other Aidspan publication.

GFO Newsletter is now available in English and French. Articles are also available in Russian.

GFO Editor: David Garmaise (david.garmaise@aidspan.org).

Are you a newcomer to Global Fund issues? See Aidspan's "A Beginner's Guide to the Global Fund – 3rd Edition" at www.aidspan.org/node/934.

Click here to unsubscribe.

GFO archives are available at www.aidspan.org/page/back-issues.

TOP